

# Responding to Abuse During Pregnancy

Information from

## The National Clearinghouse on Family Violence

### What is abuse during pregnancy?

In Canada, women may be at risk of abuse at virtually any point in their lives, from childhood to old age. However, women who are between 15 and 45 years of age report experiencing higher rates of abuse than women who are 45 years of age and older.<sup>1</sup> This period—from adolescence to mid-life—coincides with women's main childbearing years. A growing body of research shows that there are many forms of abuse—including abuse during pregnancy—that are linked to, and may include consequences for, a woman's reproductive health.<sup>2</sup>

### How widespread is abuse during pregnancy?

National survey data and the findings of several research studies indicate that abuse during pregnancy is a significant problem in Canada:

- ☐ The 1993 Violence Against Women Survey, a national survey of 12,300 women in Canada, found:
  - ☐ 21% of the women who were abused by their partners had been assaulted during pregnancy—in terms of the Canadian population, this figure represents an estimated 560,000 women



- 40% of the women who were abused during pregnancy reported that the abuse *began* when they were pregnant
  - women who were abused during pregnancy were four times as likely as other abused women to report having experienced very serious violence, including being beaten up, choked, threatened with a gun or knife or sexually assaulted
  - almost 10% of the women who were injured by their partners reported suffering miscarriages and internal injuries as a result of the abuse.<sup>3</sup>
- A Canadian study of 548 prenatal patients found:
- a 6.6% rate of abuse during their current pregnancy
  - almost 11% of all the women reported that they had experienced violence before their current pregnancy
  - among the women who reported abuse during their current pregnancy, 86.1% reported having been abused prior to their current pregnancy
  - almost two thirds (63.9%) of the women who were abused during their current pregnancy reported that the abuse escalated during the pregnancy.<sup>4</sup>

- In a follow-up study with the women who reported abuse during pregnancy (above), the researchers found 90% of the women reported experiencing abuse in the three-month period after delivery. The number of incidents of abuse per woman also *increased* after the baby was born.<sup>5</sup>

Another Canadian study involving several hundred prenatal patients in the second and third trimesters of pregnancy found 5.7% of the women reported physical abuse during pregnancy.<sup>6</sup>

There is also growing concern about the prevalence of abuse of pregnant adolescent women.<sup>7</sup>

### What are the dynamics of this type of abuse?

Abusive behaviour involves the abuser exerting power and control over the woman. According to both published reports<sup>8</sup> and anecdotal evidence from practitioners in the field, there are many different forms of abuse that may occur around the time of pregnancy.

- **Before pregnancy:** An abuser may control a woman's decisions and choices around conception via either sexual abuse, coercive sex,





withdrawal of sex, or forced use of or refusal—to use contraception (to either prevent pregnancy or the transmission of HIV or other STDs).

❑ **Once a woman becomes pregnant:**

An abuser may control a woman's decision to continue or end her pregnancy. She may be forced to continue an unwanted pregnancy. She may be intimidated into having an abortion, or she may choose to have an abortion because of fear.

Pregnancy may either trigger the start of abuse or be the source of escalation of ongoing abuse. For example, while pregnant, the pattern of abuse may change—she may experience more severe violence and there may be more assaults that specifically target her abdomen.<sup>9</sup>

During her pregnancy, an abuser may try to control, limit, delay or deny a woman's access to health care practitioners and prenatal care providers.

Other forms of emotional abuse may include denying that the child is his, refusing sex on the grounds that her pregnant body appears unattractive to him, refusing access to food, threatening to leave her, threatening to report her to child welfare

authorities as a potentially unfit mother. Her partner may also be financially abusive by refusing to support her during the pregnancy or birth, refusing to allow her access to money to buy food and supplies, or force her to work beyond her endurance during pregnancy.

❑ **During labour and birth:** An abuser may try to control a woman's decision around the use or non-use of pain medication and/or other interventions. An abusive partner may demand that doctors restore her vagina to the way it was before the birth, or make negative comments about her sexuality or about the baby's sex following the birth.

❑ **After the baby is born:** An abuser may increase the abuse and use a woman's relationship with her baby as a weapon. This may include denying her access to her baby, not supporting her or helping out with the baby, demanding sex soon after childbirth, making negative comments about her appearance and sexual attractiveness, blaming her because the infant is the “wrong” sex, sulking or trying to make her feel bad for time she spends with the baby, putting down her parenting ability, threatening to abduct or abducting the baby, telling her she



will never get custody of the baby, making her stay at home with the baby, preventing her from taking a job or making her take a job, making or threatening to make false child abuse accusations against her, withholding money for baby supplies, or blaming her for the baby's crying or other problems.

An abusive partner may control a woman's decisions about breastfeeding by either pressuring her or forbidding her to breastfeed. Abused women may be unable to breastfeed successfully because abuse undermines their sense of confidence and competence, or they lack access to the information and support they need.<sup>10</sup>

## What are the health consequences of abuse during pregnancy?

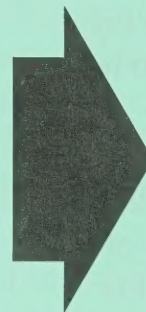
Although more conclusive research is needed about the specific effects of violence on pregnancy outcomes,<sup>11</sup> it is clear that abuse during pregnancy may have serious health consequences—both direct and indirect—for a woman and her baby.

### Abuse during pregnancy



#### Potential impacts (direct and indirect) for pregnant women:

- Unintended pregnancy
- Physical trauma (particularly abdominal)
- Inadequate prenatal care
- Stress-related health problems and behaviours, such as substance abuse
- Inadequate nutrition
- Depression and attempted suicide
- Sexually transmitted disease



#### Related maternal-fetal/infant complications, such as:

- Poor maternal weight gain
- Intrauterine growth restriction
- Placental abruption (separation)
- Fetal injuries or death
- Preterm labour and delivery
- Difficulties during labour and delivery
- Low birth weight & death, illness and disability among newborns
- Problems in the postpartum period, e.g. with breastfeeding, coping with parental demands

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Other children in the family who are exposed to violence against their mother may also experience serious psychological or behavioural effects including:

- ☐ increased acting out and aggressive behaviour
- ☐ depression, anxiety and other emotional problems
- ☐ problems with social and academic development
- ☐ post-traumatic stress disorder
- ☐ other symptoms such as inappropriate attitudes about violence and feelings of self-blame.<sup>13</sup>



## **Are some women more at risk of being abused during pregnancy than others?**

Any woman—regardless of age, race, ethnicity, education, cultural identity, socioeconomic status, occupation, religion, sexual orientation or personality—may be abused during her pregnancy. However, the 1999 General Social Survey found that the risk of abuse may be higher for women who:

- ☐ are younger
- ☐ are living in a common-law rather than a marital relationship
- ☐ have a lower household income
- ☐ have a partner who drinks heavily
- ☐ have a partner who was exposed to violence against his mother in his childhood.<sup>14</sup>

## **What are the signs that a pregnant woman is being abused?**

There is no single definitive indicator that a pregnant woman is being abused. In fact, there are many different physical injuries, medical conditions, obstetrical or gynaecological symptoms, mental health problems or behaviour patterns that could indicate abuse. Professionals need to be aware at all times to some of the signs that a pregnant woman may be abused:

- ☐ **her physical condition**, especially any unexplained injuries or complications during pregnancy, labour and birth
- ☐ **her emotional state**, including signs of depression, anxiety or fear
- ☐ **her behaviour**, she may enter prenatal care very late in pregnancy, or she may make frequent visits to hospital emergency departments, clinics or physicians' offices (especially for unexplained injuries or symptoms).

Her partner's behaviour may also be a warning sign: professionals should be particularly concerned if a woman's partner appears over-solicitous, prevents her from seeing professionals in private, or does not permit her to answer questions on her own.

## **Who can help a pregnant woman?**

For a pregnant woman who is being abused, virtually any contact with professionals, including physicians, nurses, pharmacists, counsellors, therapists, social workers, health educators, emergency personnel, police, or others in the community—could be an opportunity to get help.



## How can health and social service professionals help?

*When you have contact with a pregnant woman...*

### ✓ **Be prepared to respond if she indicates she is being abused by:**

- ☐ Recognizing and addressing how your values, your personal experiences with abuse and your comfort level in discussing abuse may affect your ability to respond appropriately. If you are not comfortable addressing abuse issues, be prepared to refer her to a colleague who can help her.
- ☐ Creating a safe environment for women to talk about abuse—*your efforts to help her should not add to her danger.*
- ☐ Being familiar with the existing resources and services available in your community to help protect and support women who are being abused.
- ☐ Working with others in your community to develop tools—such as inter-agency protocols—and other resources to address abuse.

### ✓ **Learn how to ask a pregnant woman if she is being abused (screening).**

Health care professionals, particularly physicians, nurses and midwives who provide care for pregnant women, have a pivotal role to play in identifying abuse during pregnancy. This includes:

- ☐ Being aware of the signs of potential abuse (see above).
- ☐ *Screening all pregnant women for abuse*—asking all pregnant women about abuse should be a routine part of prenatal care. The Society of Obstetricians and Gynaecologists of Canada (SOGC) supports routine screening of all women patients for woman abuse, not just those whose situations raise suspicions of abuse.<sup>15</sup>
- ☐ Asking her about abuse *in private only*—not in front of her partner, family members or friends. Do not rely on her family members, friends or acquaintances to act as interpreters.
- ☐ Asking her simple, direct questions in a supportive, non-judgemental manner—and explaining why you are asking. Some examples of questions that could be asked include:



- Is your partner happy with the pregnancy?
  - How do you and your partner solve arguments?
  - Do you ever feel frightened by what your partner says or does?
  - Have you ever been hit/pushed/shoved/slapped by your partner?
  - Has your partner ever humiliated you or psychologically abused you in other ways?
  - Have you ever been forced to have sex against your will?<sup>16</sup>
- Advising her that what she says to you will be kept confidential, unless there is a legal obligation to inform others. *Professionals will need to refer to the appropriate authorities in their jurisdiction to clarify their legal and professional reporting obligations.*

***If she tells you she is being abused...***

**✓ Help her to address her immediate safety concerns by:**

- Asking her what she needs to be safe.
- If she feels she is in immediate danger, referring her to the nearest services such as the police and women's shelters, and offering to make calls for her.

**✓ Support her in exploring and assessing her options by:**

- Reaffirming your support for her when she tells you she is being abused, and letting her know that she does not deserve to be abused.
- Providing relevant information to help her make informed decisions about her own and her children's safety.
- Assisting her in "problem solving" her concerns and exploring her options. If she plans to remain in an abusive situation, help her develop a safety plan for herself and her children.<sup>17</sup>
- Providing referrals to resources, supports and services available in the community. This includes providing her with the names, addresses and telephone numbers for transition houses or shelters, support groups for battered women, financial aid, victims' services and legal aid, multicultural and First Nations services, counselling services and crisis lines.
- Documenting the abuse thoroughly. (For medical professionals, this includes conducting, with her permission, a thorough physical examination and documenting the results in her medical record.)



- ☐ Arranging to follow up with her.

*No matter what...*

✓ **Offer her ongoing support by:**

- ☐ Recognizing and respecting the complex reasons why women may decide:
  - ☐ not to disclose abuse
  - ☐ not to leave an abusive relationship
  - ☐ to return to an abusive partner.
- ☐ Understanding that there are many—often lengthy—stages in the process of change.
- ☐ Not getting frustrated and “giving up” on a woman who is coping with abuse.
- ☐ No matter what she decides to do or not do, knowing that someone is willing to help her can make a difference.

✓ **Document your concerns**

Even if a woman chooses not to disclose abuse, it is important to document her response to your questions, and to describe any indicators that caused you to suspect abuse may be occurring.

*To help as many women as possible...*

✓ **Become involved in efforts to prevent abuse during pregnancy by:**

- ☐ Committing to integrate routine screening for abuse into day-to-day practice.
- ☐ Helping to educate others—including patients/clients and colleagues—about abuse during pregnancy issues.
- ☐ Forming or joining a workplace-based interdisciplinary committee or task force on abuse during pregnancy.
- ☐ Becoming involved in the community and support community-based groups that are working to address abuse during pregnancy issues.
- ☐ Attending training sessions to obtain and learn as much as you can about the prevalence and dynamics of abuse during pregnancy, and the community resources available to help.
- ☐ Encouraging professional educational institutions to integrate abuse during pregnancy issues into the curriculum.
- ☐ Encouraging professional associations to offer continuing



education on abuse during pregnancy.

- ❑ Encouraging fellow professionals and local facilities to:
  - ❑ integrate routine screening and intervention into their practice
  - ❑ develop and share awareness and education materials for professionals and the public
  - ❑ evaluate their efforts to prevent abuse during pregnancy.

### **Suggestions for Further Reading**

Guard, A. 1997. *Violence and Teen Pregnancy: A Resource Guide for MCH Practitioners*. Newton, Mass.: Children's Safety Network, Education Development Centre, Inc.

Health Canada. 1999. *A Handbook for Health and Social Service Professionals Responding to Abuse During Pregnancy*. Ottawa: Minister of Public Works and Government Services Canada.

Health Canada. 1999. *A Handbook Dealing with Woman Abuse and the Canadian Criminal Justice System: Guidelines for Physicians*. Ottawa: Minister of Public Works and Government Services Canada.

Health Canada. 1998. *A Handbook for Health and Social Service Providers and*

*Educators on Children Exposed to Woman Abuse/Family Violence*. Ottawa: Minister of Public Works and Government Services Canada.

Hotch, D., Gurnfeld, A., Mackay, K. and L. Cowan. 1995. *Domestic Violence Intervention by Emergency Staff*. Vancouver: Vancouver Hospital and Health Sciences Centre.

Middlesex-London Health Unit. September 2000. *Task Force on the Health Effects of Woman Abuse: Final Report*. London: The Unit.

Saskatchewan Institute on Prevention of Handicaps. 1997. *Domestic Violence During Pregnancy* [kit]. Saskatoon: Saskatchewan Institute on Prevention of Handicaps.

Society of Obstetricians and Gynaecologists of Canada (SOGC). 1998. Abuse in the obstetrical population. *Healthy Beginnings: Guidelines for Care During Pregnancy and Childbirth*. SOGC Clinical Practice Guidelines Policy Statement No. 71. December 1998.

Warshaw, C., Ganley, A.L. and P.R. Salber. 1993. *Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers*. San Francisco: Family Violence Prevention Fund.



## Endnotes

1. According to Statistics Canada's 1999 General Social Survey, young women—between 15 and 25 years of age—experience the highest rate of abuse (5%). For women aged 25 to 34, the rate is 3%, and for women between 35 and 44 it is 2%. The rate of abuse is 1% for women who are 45 years of age and older. Statistics Canada. Canadian Centre for Justice Statistics. *Family Violence in Canada: A Statistical Profile 2000*. Ottawa: Minister of Industry. Cat. No.: 85-224-X1E, p.15.
2. For example, the *Maternal and Child Health Journal* published a special issue focusing on violence against women and reproductive health (Vol. 4, No. 2, 2000), which grew out of the first National Conference on Violence and Reproductive Health: Science, Prevention, and Action, held in Atlanta, Georgia, June 16–19, 1999. The Conference was convened by the Centers for Disease Control and Prevention (CDC) and co-sponsored by partner agencies and organizations.
3. In 1993, Statistics Canada's Violence Against Women Survey found that 29% of women who had ever been married or lived common-law with a man had experienced at least one episode of violence by their partner. Of those women who had been abused by their partner, 21% were assaulted during pregnancy. Forty percent of these women reported that the abuse began during their pregnancy. Altogether, almost one half (45%) of women who reported having been assaulted by their partners suffered physical injuries. About 10% of the injured women reported that they had experienced internal injuries and miscarriages. Rodgers, Karen. 1994. Wife Assault: The Findings of a National Survey. *Juristat*, 14 (9). Statistics Canada. Canadian Centre for Justice Statistics. Cat. No.: 85-002, pp. 4, 8, 12. Translated into population estimates, the 1993 survey findings indicate that approximately 560,000 abused women in Canada were assaulted during pregnancy. Just over 100,000 of these women experienced a miscarriage or internal injury as a result of the abuse. Johnson, Holly. 1996. *Dangerous Domains: Violence Against Women*. Toronto: Nelson, 170–171.
4. Stewart, Donna E. and Anthony Cecutti. 1993. Physical abuse in pregnancy. *Canadian Medical Association Journal*, 149 (9), 1257–1263.
5. Stewart, Donna E. 1994. Incidence of postpartum abuse in women with



- a history of abuse during pregnancy. *Canadian Medical Association Journal*, 151 (11), 1601–1604.
6. Muhajarine, Nazeem and Carl D'Arcy. 1999. Physical abuse during pregnancy: prevalence and risk factors. *Canadian Medical Association Journal*, 160, 1007–11.
  7. The 1999 General Social Survey found that young women under 25 years of age reported the highest rates of violence (5%) compared to women in older age groups (Statistics Canada, 2000, op. cit., 15). The 1993 Violence Against Women Survey found that the rate of wife assault among young women aged 18 to 24 was four times the national average (Rodgers, 1994, op. cit., 5). Furthermore, in Canada, the rate of teenage pregnancies (among women aged 15 to 19) increased throughout the period from 1987 to 1994. In 1994, the national rate of teenage pregnancy stood at 48.8 per 1,000 women aged 15 to 19, and the rate was much higher in some regions (Wadhera, S. and W. Millar. 1997. Teenage pregnancies, 1974–1994. *Health Reports*, 9 (3), 9–17). Taken together, these figures suggest that young pregnant women may be at high risk for being abused within their relationships, and this is an issue to consider for this population.
  8. The information in this section is drawn primarily from the following publications: Martin, F. and C. Younger-Lewis. 1997. More than meets the eye: recognizing and responding to spousal abuse. *Canadian Medical Association Journal*, 157 (11), 1555–1558; Madsen, J. 1996. Double jeopardy: women, violence and HIV. *Vis-à-Vis*, 13 (3), 1, 4; Bohn, D. K. and B. Parker. 1993. Domestic violence and pregnancy: health effects and implications for nursing practice. In: Campbell, J. and J. Humphreys (eds). *Nursing Care of Survivors of Family Violence*, St. Louis, MO: Mosby; Modeland, A., Bolaria, R. and A. McKenna. 1995. Domestic violence during pregnancy. *Saskatchewan Medical Journal*, 6 (3), 4–9; Salber, P.R. and E. Taliaferro. 1995. *The Physician's Guide to Domestic Violence: How to Ask the Right Questions and Recognize Abuse...another way to save a life*. Volcano, CA: Volcano Press; Stewart, D.E. 1994. Op. cit.
  9. Stewart, D.E. and A. Cecutti. 1993. Physical abuse in pregnancy. *Canadian Medical Association Journal*, 149 (9), 1261. This study found that almost two thirds of the women (63.9%) abused during pregnancy reported that the abuse escalated during pregnancy, and most of the women reported experiencing blows to the abdomen.



10. Townsend, B., n.d. *Discovering the Child Within: A Workbook on Abuse During Pregnancy*. Cobourg, ON: Women in Crisis (Northumberland County).
11. Mean birth weight and low birth weight have been the only two outcomes significantly associated with abuse in more than one study. See Gazmararian, J.A., Petersen, R., Spitz, A.M., Goodwin, M.M., Saltzman, L.E. and J.S. Marks. 2000. Violence and reproductive health: current knowledge and future research directions. *Maternal and Child Health Journal*, 4 (2), 79–84.
12. Sources of information on the health consequences of abuse during pregnancy include: Bohn, D.K. and B. Parker. 1993. Op. cit.; Petersen, R., Gazmararian, J.A., Spitz, A.M., Rowley, D.L., Goodwin, M.M., Saltzman, L.E. and J.S. Marks. 1997. Violence and adverse pregnancy outcomes: a review of the literature and directions for future research. *American Journal of Preventive Medicine*, 13 (5), 366–373; Lent, B., Morris, P. and S. Rechner. 2000. The effects of domestic violence on pregnancy and labour. Discussion paper commissioned by the College of Family Physicians of Canada Maternity and Newborn Care Committee; Stewart, D.E. and A. Cecutti. 1993. Op. cit.; National Council of Welfare. 1997. *Healthy Parents, Healthy Babies*. Ottawa: National Council of Welfare; Hanvey, L., Avard, D., Graham, I., Underwood, K., Campbell, J. and C. Kelly. 1994. *The Health of Canada's Children: A CICH Profile*. 2<sup>nd</sup> ed. Ottawa: Canadian Institute of Child Health; Meredith, L.M. 1996. *Establishing Links: Violence Against Women and Substance Abuse*. London, ON: Centre for Research on Violence Against Women and Children; Modeland, A., Bolaria R. and A. McKenna. 1995. Op. cit.; Health Canada. 1999. *Nutrition for a Healthy Pregnancy: National Guidelines for the Childbearing Years*. Ottawa: Minister of Public Works and Government Services.
13. Information on the impacts on children of exposure to woman abuse is based on the following publications: Health Canada. 1996. *Wife Abuse—The Impact on Children*. Fact Sheet. Prepared by the London Family Court Clinic (Marlies Sudermann, Peter Jaffe, and Lynn Watson). Ottawa: National Clearinghouse on Family Violence; and Health Canada. 1999. *A Handbook for Health and Social Service Providers and Educators on Children Exposed to Woman Abuse/Family Violence*. Ottawa:



- Minister of Public Works and Government Services.
14. Statistics Canada, Canadian Centre for Justice Statistics. 2000. *Op. cit.*, 15–17.
  15. Society of Obstetricians and Gynaecologists of Canada (SOGC). *Healthy Beginnings: Guidelines for Care During Pregnancy and Childbirth*. Clinical Practice Guidelines. Policy Statement No. 71. December, 1998, p. 20.
  16. These questions are from the Woman Abuse Screening Tool, first published in Brown, J.B., Lent, B., Brett, P., Sas, G. and L. Federson. 1995. Development of the Woman Abuse Screening Tool (WAST) for use in family practice. *Family Medicine*, 228, 422–428. These WAST questions have been incorporated within the Antenatal Psychosocial Health Assessment Form (the ALPHA Form) along with questions about other psychosocial issues. See Midmer, D., Biringer, A., Carroll, J.C., Reid, A.J., Wilson, L., Stewart, D., Tate, M. and B. Chalmers. 1996. *A Reference Guide for Providers: The ALPHA Form—Antenatal Psychosocial Health Assessment Form*. 2<sup>nd</sup> ed. Toronto: University of Toronto, Department of Family and Community Medicine.
  17. Safety planning means discussing how to call (or have someone else call) 911, how to try to protect herself in an attack. See Hotch, D., Grunfeld, A., Mackay, K. and L. Cowan. 1995. *Domestic Violence Intervention by Emergency Department Staff*. Vancouver: Domestic Violence Program, Department of Emergency Medicine, Vancouver Hospital and Health Sciences Centre and the Canadian Association of Emergency Physicians (CAEP).

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### **For more information**

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Ce feuillet de renseignements est également disponible en français sous le titre *Réagir face à la violence pendant la grossesse*.

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